

2010-134 A

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

223280

CERTIFICATED COMPANY INFORMATION

American Phone Services, Corp
Company Name

770-569-1213
Telephone #

308 Maxwell Rd Suite 100
Mailing Address

Alpharetta, GA 30009
City, State, Zip Code

308 Maxwell Rd Suite 100
Business Location

Alpharetta, GA 30009 Fulton
City, State, Zip Code County

REGISTERED AGENT INFORMATION

Registered Agent: National Registered Agents, Inc.

Mailing Address: 2 Office Park Court, Suite 103 _____

City, State, Zip Code: Columbia, SC 29223 _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Paolo Giuressi
General Manager (Include address if different than above.)
770-569-1213 / 770-667-1030 / info@amphone.com
 Telephone Number Facsimile Number E-mail Address
- B. Natalia Panevina
Customer Relations /Complaints Representative (Include address if different than above.)
770-569-1213 / 770-667-1030 / legal@amphone.com
 Telephone Number Facsimile Number E-mail Address
- C1. Liana Langford
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
770-569-1213 / 770-667-1030 / legal@amphone.com
 Telephone Number Facsimile Number E-mail Address
- C2. 1-800-711-1323
Customer Contact (Toll Free Number)
- D. N/A
Engineering Operations (Include address if different than above.)

 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address
- E. N/A
Test and Repair (Include address if different than above.)

 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Riccardo Ferranti

Regulatory Officer (Include address if different than above.)

770-569-1213

/ 770-667-1030

/ legal@amphone.com

Telephone Number

Facsimile Number

E-mail Address

H.

N/A

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

N/A

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

N/A

Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

N/A

Gross Receipts Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

N/A

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Riccardo Ferranti

This form was completed by (print name)

Pres.

Title

3/30/2010

Signature

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)